

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project 1395456		Postmark		Date Received		Notification #:	
I. TYPE OF NOTIFICATION (O = Original / R = Revised / E = Emergency/C = Cancelled) : R							
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: Office Of General Services							
Address: 34 th Flr Corning Tower							
City: Albany		State: NY		ZIP: 12242			
Contact:		Tel:					
REMOVAL CONTRACTOR: Atlantic Contracting & Specialties, LLC.							
Address: 1 Harrison St PO Box 844							
City: Troy		State: NY		ZIP: 12181			
Contact: Gary Sprague		Tel: (518)272-2715					
OTHER OPERATOR:							
Address:							
City:		State:		ZIP:			
Contact:		Tel:					
III. TYPE OF OPERATION (D = Demolition / O = Ordered Demolition/R = Renovation/E = Emergency) : R							
IV. IS ASBESTOS PRESENT? (Yes/No): Y							
V. FACILITY DESCRIPTION (include building name, number and floor or room number):							
Building Name: SUNY Plattsburgh							
Address: 101 Broad St							
City Plattsburgh		State: NY		County: Clinton			
Site Location: Beaumont Hall-Throughout							
Building Size:	SqMeter:	SqFt: 200,000	# of Floors:	Age in Years: 60			
Present Use: School			Prior Use: School				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Detection performed by owner							

VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed				RACM to be removed		Non-friable Asbestos Material not to be removed Cat I C		Indicate Unit of Measurement below UNIT	
Pipes - Linear Feet				2705				LnFt:	Ln M:
Surface Area - Square Feet				89,950				SqFt:	Sq M:
Volume RACM off Facility Component								CuFt:	Cu M:
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 03/28/2016 Completion: 10/21/2016									
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: 03/28/2016 Completion: 10/21/2016									

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: All work to be performed in accordance with NYSDOL ICR 56.

XII. WASTE TRANSPORTER #1

Name: Transwaste

Address: 3 Barker Dr

City: Wallingford

State: CT

ZIP: 06492

Contact Person:

Telephone: (203)269-8300

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: Minerva Enterprises

Address: 9000 Minerva S.E

City: Waynesburg

State: OH

ZIP: 44688

Telephone: (724)695-0900

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY) :

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .

Signature of Owner/Operator

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Owner/Operator

Date